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A few remarks on the diseases or deformities existing at birth, which require the attention of the surgeon,

by

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mentor of Bonae Spei, Candidate for the degree of Doctor of Medicine, under the old statutes:
Gentlemen:—It is, I assure you, with much diffidence that I appear before you, in the character of an essayist, trusting however, that your kindness & forbearance, as well as, the interest & importance of the subject itself, will outweigh my manifold deficiencies. I venture to offer to you, the following remarks on the diverse congenital deformities existing at birth, which require the attention of the surgeon. Strange to say, that, although the number of works, in various languages, devoted to the medical diseases of children, is very great, the surgical affections have received but scanty notice. If any one supposes these works having been written almost exclusively by physicians. After a long search indeed, I found in Frank's Selectae, a short Latin treatise by Oehme, De morbis neonatorum Chirurgiis; but any essayist who applies to this in the hope of profiting thereby, will, I believe, be greatly disappointed.

The distinction it is true, between medical & surgical affections, in early life, is at all...
Other ages cannot be accurately drawn. In many cases, which are strictly medical, the assistance of the surgeon is occasionally involved. In cases for instance, the surgeon is called on to perform tracheotomy or, for the consequence of pleurisy, to puncture the chest. Without pretending, however, to a logical accuracy there is practically little difficulty in effecting the separation, in assigning to physicians and surgeons their respective cases:

Those diseases, or deformities, which I purpose to take into consideration, are unquestionably special to infancy in the great majority of cases. Any surgical treatment, which may be applicable, is employed at the period of life. For with certain exceptions, the malformations which are met with in grown up people, are those which are beyond the reach of the surgeon's art.

In the good old times, if the malformation reached a certain point, the unhappy subject was christened a monster, summarily disposed of, usually being drowned; though Blackstone had pointed out the
impropriety of this proceeding, I even laid it down, that a Monster having deformity in any part of its body, yet, if it have human shape, may inherit the popular impression still remained in many places, in favour of what may be termed the heroic treatment. Even as late as 1812, two women were tried at the York Assizes, for drowning a child, who was born with some malformation of the Caruncle. There was no attempt at concealment on the part of the prisoners, who did not appear in any way conscious that the act they had committed was either illegal or immoral.

Some malformations require immediate surgical assistance, either to preserve life, or because it can be employed to the best advantage at a very early period. For instance, in certain cases (care I confest), in consequence of adhesion of the life during intra-uterine life, the child is born with what is technically called "Atresia Oricorum" unless a passage to the digestive organs is obtained, nutrition cannot take place.
the infant perishes. A still better example, at least, one which is more common, is where the other end of the digestive tube is closed, constituting Imperforate Anus. In this case, just as in the previous one, unless an opening be established, life cannot long be sustained; and though the operation not unfrequently fails, even when attempted, the results at other times are most favourable.

The operation itself is comparatively easy, if there is a fistula to guide the surgeon to the bowel, but should no such much wished for sinuous canal exist, then the case becomes more difficult and the chances of success are much diminished.

In the first place, he would, of course, explore the perineal region; if the closure of the Anus depends only on the existence of a thin septum, through which, perhaps, the Meconium is visible, or, if he finds a soft, fluctuating tumour, which indicates its presence, it is here undoubtedly that he would make his incision:
If however, all the before-mentioned indications are absent, if there are no means of ascertaining to what extent the bowel is deficient or displaced, he might still divide the soft parts in this situation; but the operation will in all probability prove unsuccessful.

Further plans, however, present themselves to the surgeon. He may attempt to open the large intestine in the lumbar region by what has been termed Callegari's operation.

Theoretically there is an advantage in such a situation, for here the bowel may be punctured without the peritoneum being wounded; and in the adult, when an artificial anus is required, in consequence of stricture, the operation has been performed with considerable success. In infancy however, the malformation or displacement are frequently not confined to the rectum; the difficulties become much greater, and, practically I am not aware of many cases where this operation has been of service.
The other plan is to open the bowel in the groin by Lette's operation. In a report read at the Imperial Academy of Medicine, Mr. Rochard was able to bring forward five cases which had occurred at Brest, where this operation, performed for congenital imperforation, had proved permanently successful, and in which he could trace their progress for many years. One of these cases I may narrate, for it is in the after result of operations that the study of surgery is most deficient. An infant had Lette's operation performed on her in 1815. She is still alive, 40 years later. Mr. Rochard had an opportunity of examining her. Her digestion is excellent; the stools shed, passed periodically, and, to a certain degree under the control of the will. When a motion is about to pass, the patient experiences a feeling of uneasiness or fulness in the left groin. She then removes the compress & body-bandage which forms the whole apparatus that she wears, and replaces them when the bowels have operated.
In the intervals, no fecal matter escapes; but, there is a little mucous discharge from the upper bowel. A tumour exists, arising from a protuberance of the lower or anal division of the intestine. (This Inagreement was found in all the cases); under pressure, this tumour diminishes in size, but cannot be entirely reduced; there is no tenderness about it, except when diarrhea is present. The patient is strong and well formed; able, and indeed obliged, to perform hard work. In another of the cases related, the woman married I had four children; the pregnancy and delivery being on each occasion, quite normal. The objections, to Littré’s operation, have been mainly, that the peritoneum must be wounded, and, that the artificial bag, if placed in the groin, is a perpetual source of inconvenience and discomfort. It has also been asserted, that it necessarily predisposes to hernia. To the first objection, it is fair to answer, that they do not hesitate to wound the peritoneum in operating for hernia; and to the second—
that an artificial one must always be a source of discomfort, but it is at any rate, more manageable by the patient. If placed in the groin, than if situated in the back. As to the alleged tendency to hernia, it is to be remarked that in not one of these successful cases had any rupture taken place. Now comes the question, what inference ought we to deduce from the premises! The conclusion I would draw from the same, would be as follows, namely, that where there are no indications of the bowel in the perineum of the little patient, moreover, a weakly subject, the surgeon rather than exhaust the little patient’s remaining strength by attempts (probably ineffectual) to discover the end of the large intestine, ought not, heated to form an artificial (unnatural) anus either in the lumbar region, or in the groin, the last named position. I should feel inclined to prefer, for reasons previously stated, should however, the little patient be strong and healthy (desiderata very unlikely).
to be met with in the case (defect) in question) the surgeon ought then, before resorting to his dernier ressort, attempt to discover & open the end of the large intestine in the natural position.

A M. Huguenin has suggested that the operation should be performed in the right groin, in preference to the left, for the following reason, namely, that in children (infants) the sigmoid flexure is very long and sometimes directed transversely into the right iliac fossa. Probably, however, by making the incision rather high, say at the level of, or above the anterior superior spine, the left groin would be preferable. The procedure appears to have been selected in the M. Roehard's case:

HAIR-CLIP. Belongs to that class of malformations in which, although an operation is not absolutely required, in very early life, yet, when performed at that period, it is with the greatest prospect of success, as regards after deformity. It has actually been a question with me, here...
whether surgical interference had not
better be deferred till a later period of life;
till dentition has been accomplished, or
even till that fabulous period when the
child has become sensible of his deformity,
as to be ready to concurred in its removal;
however, at the present day, the early op-
eration finds favour with the majority
of practical Surgeons (there is an old
adage—if a friend in need, is a friend
indeed), which I consider to be also truly
applicable to the practical Surgeon for
it is in need (professional) that he is a friend
(surgical) indeed, and not in name);
indeed when complicated with Cleft
palate, the immediate care of the baa-
life not merely favours a spontaneous closure
of the fissure of the palate, but some-
times offers the only chance of preserving
the life of the infant, by enabling it to
drink. Two such cases occurred to Mr.
Henry Smith at the King's College Hospital,
during my term of pupilage; in one, from
certain circumstances, no operation was allowed,
The infant perished of inflammation; on the other, he operated for the hare-lip, and the child did well; the cleft-palate, being left to take its course "pro tempore." Dislocation of the Hip existing at birth: I remember a case of this kind, in the person of a little girl, about 13, who was brought to the hospital, said to be labouring under disease of the hip, for which she had been duly bled, then treated with cod-liver oil and covered with the spirit of oil of the Cod. She had, in reality, been born with it (which was related partly from the history and confirmed by the diagnosis in all of the infant joint disease). This affection (dislocation of the hip, joint existing before birth and at birth often overlooked) cannot be so very rare, since, amongst others, Mr. Boezel has collected thirty-two cases. In the majority of cases, this dislocation seems to have taken place upwards.
the head of the femur resting on the dor-
sum ilii. It may not be noticed by the
Aconchear, but, is sure to become apparent
when the child's movement to become more
active, when, in fact, he attempts to assume
the upright position and run alone.
This kind of location would, like de-
fective formations in general, to be more
frequent in the female than in the male.
Eleven only out of the thirty-two cases mentioned
by Boyer, occurring in boys, to twenty-one in
girls. It seems, occasionally to run in fa-
milies, or even to be hereditary. It has
been seen for instance in a mother and
dughter, in two sisters, (I myself saw
it, in the case of a goat, in the Colonies,
in which it existed in all the kinds of a
certain colour). M. Lébillot mentions
a family in which the mother had a double
congenital dislocation, the son also, whilst
the daughter had it only on the left side.
Opportunities of dissecting the parts are of
course not often met with, the affection
not being in itself dangerous, whilst the—
number of cases in which it occurs is limited. The diagnosis is often based on the results of hip-joint disease, e.g., simple (Dupuytren's) bursitis, the absence of all pain, joint inflammatory swelling, or any abnormal signs or posture; the history; the first appearance of any sign of the defect; or the patient's debut on terra firma; the increase of symptoms in proportion to the weight of body. Thus far Dupuytren's:

The treatment is usually considered to be only palliative (surgery, mechanical support, combined with the routine course of baths, friction &c.) But, taking into consideration the circumstance that, during the first few years of life, the movements of the little patient are comparatively limited & that probably in consequence of this, the lesion is not always complete, may we not hope then to be able to effect a permanent cure in cases seen early? In fact, I believe a Mr. Pravaz has related some cases in which protracted treatment is said to have termi-
Spina Bifida: In the back certain tumours are found connected with arrest of development in some portion of the spinal column, and formed by the protrusion, through an opening in the canal of the membranes of the cord, detended with cerebrospinal fluid. To these the name of "Spina bifida" has been given, and they are usually characterised by the hard & tense nature of the swelling when the patient is erect, its softness when the pelvis is raised above the head; expiration & inspiration producing frequently the same effect. As in the skull, however, the hernia is seldom that of the membranes alone; hence, in the majority of cases, either the spinal cord itself or some of its nerves are more or less involved. (Mr. Prescott Hewett states, that of twenty preparations of-
Spina bifida occupying the lumbo-sacral region, which he has examined, he has only found one in which the nerves were not connected with the sac. If the tumour corresponds to the two or three upper lumbar vertebrae only, the cord itself rarely deviates from its course, and the posterior spinal nerves are generally the only branches which have any connection with the sac. But, if the tumour occupies partly the lumbar and partly the sacral region, then generally the cord itself and its nerves will be found intimately connected with the sac (thus far, for practical experience). As to the importance of this connection, as influencing the treatment of "spina bifida," it cannot be overestimated. Especially since numerous operations, including removal by ligation and excision, have been proposed and actually performed; and in some cases, it is even asserted, with beneficial
results, but in all certainly, with great risk of life. Sir A. Cooper— it is well known, was successful in two cases; one of which he treated by simple compression, whilst in the other, he first evacuated the fluid by puncture with a needle, and subsequently employed pressure. Twenty-eight or twenty-nine years afterwards the patients were alive and in good health. In both the cases, it is but fair to remark, that the tumour was of moderate size, and seated in the loin, containing probably perforation of the spinal cord. With others, however, the results have not been so prosperous; and in a discussion on the subject of Spina bifida at the Société de Chirurgie, M. Guérin, stated that he had tried different operations in fifteen or eighteen cases of this kind; but, had never had reason to congratulate himself on the result. Later, excision, ligation, had been rapidly
followed by death; and if puncture and compression had not been im-
perious, they had not prevented his little patients from dying at last. He
mentioned, however, that he had more employed iodine injections (Gazette
des Hôpitaux).

In the Second Volume of the Medical Times & Gazette for 1852, will be seen
an interesting collection of cases of this affection, seventeen in Number. On
analyzing these, I found that in two
cases a ligature was applied, and both
died. In six cases, the tumour was punctured or wounded, and all six died.
In one case, however, the notes of which
are brief and imperfect, both ligature
and puncture were employed, and recovery
said to have taken place. The
results of operative interference in
these cases, at amputate, are not en-
couraging (eight out of the nine-
cases having died). In seven cases the
tec was not meddled with; of these, two
Two were cured, and three remained in good health at the age of thirteen, twenty-three, and thirty-two, though with the tumour still present and of large size. The remaining case also cluded, as it appeared to have been congenital, having been first noticed at the age of twenty-six, after confinement.

Should nothing then be done in this affection?

In the first place, collodion has been prepared and seems to have been used (painted over the whole surface of the tumour and for some distance around it) with safety, perhaps with advantage, for in a case related in the thirty-first volume of the "Journal für Kinderkrankheiten" this was employed from time to time by Dr. Behrend, the part being afterwards protected by an India-rubber shield; a little Calomel was at the same time administered internally.
on account of some head symptoms which happened to show themselves. Absorption of the fluid took place, and the tumour contracted and finally disappeared, leaving only a hardened mass to mark its situation.

Secondly: Astringents (various, but chiefly in the shape of a strong solution of acetate of lead) have been recommended chiefly by especially in cases where the integuments are thin, and probably too on the same principle as the Collodion, but as far as I am aware, with no better results.

Thirdly: There is still another mode of treatment, which was specially advocated some time ago, and which deserves perhaps a further trial: I mean the injection of iodine into the sac. At the discussion to which I have alluded, Mr. Belpeau stated that whenever he had had recourse to operations involving any loss of blood, they had always failed; but, that in three
occasions, he had punctured the tumour and injected iodine. Two of
the patients died, but, long after the operation; in one of them, the injection
was renewed three times in the space of three weeks, and the iodine had not
produced the least trace of inflammation. The third child, who was then
six years old, (that is, five years after
the operation), was cured. In this case
five or six injections were practiced in
succession. After the first, the skin—
over the tumour, which was previously
and almost ulcerated, became more firm
and less irritated; the tumour diminished,
and was only of the size of a nut when
last seen. The fluid injected consisted
of a mixture of iodine, diluted at first
with two-thirds of water; the strength
being afterwards increased.

In the "Chicago Medical Journal" (quod in the "Boston Medical Journal"
Ed. Ixii, p. 246) Dr. Brainard stated
to have then treated seven cases in the
way; of which five are said to be cured, though one died afterwards of chronic hydrocephalus. The injection, which consisted of iodine and iodide of potassium dissolved in water, were repeated as often as was deemed necessary, the strength of the solution being gradually increased: the quantity of fluid it may be remarked, drawn off, corresponded to the amount of injection introduced. After the operation, collision was applied and continued for some considerable period. The success, in the case seems to have been considerable; though even here, it may be remarked, that two at least out of the seven patients actually died: but in truth, the cases are somewhat loosely reported, many important particulars are omitted, and their value consequently is materially diminished. As to the conclusions, then, I would draw with respect to the prognosis and treatment of the all-important
malformation, they are as follows:

First: In the first place, the chances of a favourable result are never very great; and in the worst cases, where the tumour is very much distended and the deficiency of the spinal walls very considerable, where the skin is thinned and as it were, on the point of bursting, or having actually burst, there is no reasonable hope:

Secondly: Under any circumstances, the strong probability of the presence of a part of the cord, or its nerves, and the fatal results of the cases, in which such attempts have been made, forbid our having recourse to ligature, or to incision:

Thirdly: In some cases, especially in those where the vertebral process is small, the tumour pedunculated and the communication with the spine limited, there is a chance of a natural cure taking place, or at
any rate, if the tumour not proving incompatible with life, if it is
simply protected from external violence.
Thus far as regards the prognosis of
this dire affection:
As for the treatment: In the first
place, if the tumour is of moderate
size, and not enlarging, I think
in that case, we ought to leave
"well" alone, and do no more at first
than apply gentle compression in the
way best suited to attain our great
desideratum (i.e.: primarily, the preven-
tion of its further increase, and sub-
sequently, in favourable cases, its
diminution) and furthermore, with
the least possible risk of exciting
inflammation in the already
overstretched integumentary covering.
at the same time, supporting the
part well, and protecting it effec-
tually from injury.
But, on the other hand, should the
tumour show a disposition to increase-
very soft and the parietes, moreover,
on the point of ulcerating over a large
extent of surface, I think in such a
case, the Surgeon is justified in
imitating at first, nature's cure+ 
haps pen in some cases, in which the pa-
rieties of the tumour ulcerate, so as
to form a minute orifice, which open-
ing from time to time, allows the fluid
to escape, and thus at length completes
the cure. (James' Principles of Surgery)
+ by trying the effect of small punc-
tures, combined with or without com-
pression, according to the state of
the parietes, I, since it has been
proved from dissections, that in the
majority of cases, it is generally at
the middle line that the cord of
its nerve, if present, are attached
hence, by one thing them as far as possible
from the medial line, we should like
wise ever in the majority of cases, on
the safe side; but, should this ini-
tation not succeed of the premises
still in the same gradually increa-
sing predication, would he then
be justified in proceeding to more
hazardous remedies, such as the injection
of irritating fluid to the skin, if not actually
justified, he certainly has a prece-
dent to fall back upon. Consequently
he may then in desperate cases have
a "dernier recours," make a trial of
weak solutions of irritating fluid
19: Iodine generally used for its action
being better understood (at least so it is
said) though with a certain amount
of foreboding as to the occurrence
of inflammation of the spinal
membranes.

In conclusion, gentlemen, I hope
that you will pass a lenient judg-
ment on this my first attempt, its
many foibles, its beauty (for which I plead
illness) its want of originality con-
dering that "humanum est errare" yet,
that through erring we become wise:

— Finis —